



WA State Dept. of Health
Immunization Program

Immunization Update

February 2002

Vaccine News

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Td Expiration

The DOH Immunization Program is aware that some lots of Td vaccine will expire in April 2002. Current DOH IP policy recognizes that vaccine will be of no use to anyone if left in refrigerators to expire, and therefore we strongly suggest that every effort be made to use this Td prior to expiration. Use local discretion regarding the use of Td to ensure the vaccine does not go to waste. If you do not have clients needing Td vaccine, especially those 7 through 18 years of age, please contact emergency rooms and other urgent care providers in your jurisdiction to determine if they can make use of it. We encourage you to pass this information along to providers in your area as well.

This serves as an excellent reminder to check expiration dates on all vaccines and to rotate stock. This should be done monthly when doing the accountability report. If you have vaccines that will expire before you anticipate using them, please consult the state immunization program vaccine distribution center staff at (360) 664-8687.

New Expiration Date Coding

It was recently brought to our attention that some vaccines have unfamiliar date codes in their expiration dates. After some investigation, we found that expiration date codes are beginning to transition to a new "international" dating system, which differs from the old system in the way the names of months are represented. The new month codes are as follows: January = JA, February = FE, March = MR, April = AL, May = MA, June = JN, July = JL, August = AU, September = SE, October = OC, November = NO, December = DE.

VFC Update

Updated 2002 **provider agreements** were distributed to all LHJs in December. Every health care provider receiving state-supplied vaccine must sign a new agreement annually. Signed agreements are due back to the Department of Health by **March 1, 2002**.

Satisfaction surveys were mailed to every contracted public and private health care provider in January. The surveys are due back to the Department of Health by **February 28, 2002**. When results are compiled, a summary will be available.

REMINDER: Benchmarking will be conducted during the month of May.

Provider Clinic Visit Tool

It is finally here!! The long awaited revised version of the provider site visit form is completed! As reported earlier, this version addresses all of the Standards of Pediatric Practice, as required by CDC.

Some changes you will notice: 1) a slight name change - from "Site Visit Protocol Checklist" to "Provider Clinic Site Visit Tool". *This name change was made to eliminate confusion between forms used for site visits in provider clinics and site visits in LHJ clinics.* 2) additional boxes to allow site visit information type (e.g. follow-up or includes an assessment) to be tracked. 3) some of the questions give suggestions for the reviewer (in italics). And, 4) there is more room to write comments, if needed.

We hope that you will find these revisions helpful.

A Reminder: 2002 VFC Contract Site Visit Requirement

'Routine' (official) site visits need to be done at 10% of your VFC sites and 'Expanded' site visits (an official site visit plus an assessment and feedback) need to be done at another 10% of your sites.

New staff

Please join us in welcoming Jan Hicks-Thomson to the Immunization Program. Many of you may know of Jan from her work with the Genetic Services Section and the Children with Special Health Care Needs Program. Jan will be providing management oversight for vaccine

distribution and management, education, publications, hepatitis and adult and adolescent program activities and is an excellent addition to our program.

Please feel free to contact Jan at (360) 236-3578 or e-mail Jan.Hicks-Thomson@doh.wa.gov.

Education News

Educational Materials

We are currently out of **Spanish Plain Talk**. We are working to determine the possibilities for funding a reprint in Spanish.

We have ordered a supply of **the new 2002 Recommended Childhood Immunization Schedule in color**. They will be available as usual from the Distribution Center. *We encourage you to download your own copies off the Internet when possible.*

We have reordered copies of **"Is Your Baby Protected"** and the back orders should be filled within the next month. This document has not yet been updated with the new schedule, however the information on it is still accurate. CHILD Profile is addressing the update in upcoming meetings.

School/Childcare Manual Revisions – the updated manual is in final review at this time. The revised manual will be sent to schools, childcare centers and LHJs by April 2002.

Immunization Technique Video's – Due to popular demand, we ordered one of these videos for every contracted provider.

We will be shipping these out to you shortly so that you can distribute them to your providers either along with a site visit, with vaccine distribution or

associated with getting provider agreements signed.

Influenza News

So far this year, surveillance has revealed low levels of influenza circulating in the Pacific Northwest. While there has been an increase in the number of positive isolates in the greater Puget Sound area, influenza activity is still at or below levels expected for this time of year. No influenza activity above 10% has been reported in schools and there have been no confirmed outbreaks in nursing homes. The first and only case of influenza A, H1N1 reported this year occurred the week ending November 10. Subsequent cases have been identified as A, H3N2, and A, NST. The first positive influenza B in Washington was reported the third week of January. The types of influenza being reported are included in this year's vaccine. This includes the A Panama reported in British Columbia recently. Since influenza is not a reportable disease in Washington State, the number reported in the surveillance is a small portion of all influenza occurring in the state. (Influenza Update #12, DOH)

"AFIX CORNER"

A Message to Our LHJ Partners – the close of 2001



We want to **THANK YOU ALL** for the tremendous job you have done this past year around AFIX!!

Not only have you learned a new process (some of it by trial-and-error), you have begun to successfully incorporate the changes into the great work you are already doing with your providers. We realize that introducing new processes can be a big challenge.

We share with you in the challenges posed by both the Casita Software and the ever-changing reporting requirements from the CDC. It appears that for AFIX, we are all learning as we go, including the CDC. In the Q&A Section below we addressed some of the major concerns and questions many of you shared with us regarding the software. Also, we've appreciated your patience and responsiveness to the quick turn-around requests for site visit counts and the addition of an end-of-the-year tally sheet. Throughout the entire process, you have been real troopers!

In the coming year, we anticipate being asked by CDC to help them respond to requests from Congress, and their executive leadership. We can be assured that those requests will revolve around increased accountability. And we will keep trying to adapt the requests (as best we can) to meet our state requirements and needs.

Thank you again for your patience (past, current, and future) and your cooperation. We appreciate the great work that you do in your counties and look forward to another exciting year of working with you to address these and other issues related to immunizations!

Q&A Section

Q: We are having a terrible time trying to get the AFIX program to work for us. We tried everything. What can we do?

A: The CDC encouraged us to implement the Casita (CASA-Hybrid) software as a quick way to get into the provider offices to provide immunization coverage info. However, with the software glitches that continue turning up and based on feedback from other LHJs that are having difficulty, we recommend that you try doing a mini-CASA using the CASA software instead. A mini-CASA means looking at 60 eligible kids at maximum (or as many eligible kids as the site has if less than 60). Not only does the CASA Software have most of its glitches worked out, but it also allows you to run a variety of nice reports for the providers, including looking at various combinations of vaccines, single vaccines, and late up-to-date.

Q: You promoted and trained me in the Casita Software. Why are you now recommending that I do the mini-CASA?

A: We promoted this software on the CDC's direction. Often times with new software there are glitches that show up despite testing. Some of you are still able to work with this software and that is fine to continue if you choose. However, based on the input we have received from LHJs who are having difficulties or want more report options to give to their providers, we are recommending that you try the mini-CASA using the CASA Software. When trying the mini-CASA, LHJs have reported fewer frustrations when entering the data. Many LHJs also commented on the inadequacy of the Casita final report. In contrast, they have found that the CASA software has the ability to produce a variety of personalized reports that can be tailored to the LHJ needs and those of the individual provider site. As an additional benefit, LHJs have found the CASA reports to be an incentive in themselves – graphs, pie charts, and many in color.

Q: I don't mind using CASA, but it takes so much more time to enter the data. Do I have to enter 60 records?

A: No, you can do a 30 record review mini-CASA using the CASA software. (This is the very same number of records to enter as the Casita.) The only caveat with this method is that, unlike the 60-record mini-CASA, the 30-record review CANNOT statistically represent the whole practice. But, you can say to the provider "out of the 30 records reviewed, the coverage rate was _X_". If you don't have a problem entering 60 records, or the provider only has 30 eligible clients, then you CAN say that the coverage rate statistically represents the whole practice. **Note:** with the 30 record reviews, you can still produce a variety of nice reports for the providers rather than just the single pass/fail sheet of the Casita.

Hepatitis A Monographs are Now Available

The Hepatitis A Monograph: A Guide for Washington State Health Care Providers has been developed in conjunction with the recommendations of the Washington State Vaccine Advisory Committee to increase awareness among providers about hepatitis A. This attractive and educational monograph is a valuable asset to any office. A description of clinical features, lab diagnosis, epidemiology, and prevention strategies are included in the monograph. A self-assessment examination is also available for providers to obtain continuing medical education credits.

A copy is attached to this newsletter. **The Immunization Program is asking for your assistance in distributing the monographs to providers in your county.** Please order additional copies by fax (360-664-2929) or by email immunematerials@doh.wa.gov. For additional questions, please call Trang Kuss at (360) 236-3555 or by email at trang.kuss@doh.wa.gov. Thank you for your help!

Hepatitis A vaccine is recommended for the routine immunization of children from 2 years of age up to the 19th birthday living in 13 counties in Washington State identified as having high rates of Hepatitis A disease. These counties include: Asotin, Chelan, Clark, Cowlitz, Douglas, Grays Harbor, King, Klickitat, Mason, Skamania, Spokane, Thurston, and Yakima.

In the 26 other Washington counties, state-supplied vaccine will continue to be available for children from 2 years of age up to the 19th birthday who are in an identified **high-risk** group. These include:

- ◆ American Indians
- ◆ Alaskan Natives
- ◆ Pacific Islanders
- ◆ Selected Hispanic communities
- ◆ Certain religious communities
- ◆ Other high-risk children:
 - Males who have sex with other males
 - Illicit drug users
 - Persons with clotting-factor disorders
 - Persons with chronic liver disease
 - Individuals working with non-human primates
 - International travelers

In addition, state-supplied hepatitis A vaccine is available for children from 2 years of age up to the 19th birthday **upon request** of parents after consultation with their health care provider.

Hepatitis B Project Coordinator

Healthy Mothers, Healthy Babies (HMHB) received funding from the Immunization Program to hire a Hepatitis B Project Coordinator, Katy Bruchette who will be a part of HMHB staff. Her responsibilities will include: 1) conduct and facilitate hepatitis B prevention and outreach activities in teen health clinics in Seattle, 2) strengthen partnerships by conducting outreach with Asian American Pacific Islander (AAPI) providers and providers serving AAPI clients, including developing a plan for conducting provider-based assessment in four counties with large AAPI residents, and 3) conduct outreach activities to juvenile detention centers statewide to increase hepatitis A and B immunization policies and provision of hepatitis A and B vaccination.

For additional questions, please contact Trang Kuss by email at trang.kuss@doh.wa.gov or by phone at (360) 236-3555.

Hospital-Based Assessment of Perinatal Infections

The transmission of infections from mother to child, including rubella, hepatitis B, HIV, group B strep (GBS), and sexually transmitted diseases (STDs), continue to occur despite concerted public and private efforts to prevent these infections. Prevention of perinatal infections requires multiple strategies, including maternal screening during prenatal care and provision of appropriate treatment of infants and contacts. Education of the public and health care providers is crucial in increasing awareness about these infections with the goal of reducing incidence of infections.

In 2002, several Department of Health (DOH) programs including Maternal Infant Health, HIV/ AIDS Prevention and Education, STD Services, and Immunization Program, will be conducting a hospital-based review of medical records. The purpose of this project is to assess:

- 1) maternal screening rates for perinatal infections including hepatitis B, HIV, GBS, gonorrhea, syphilis, chlamydia, and rubella,
- 2) intrapartum treatment of GBS-positive mothers,
- 3) postpartum immunization practices for rubella-susceptible mothers,
- 4) routine infant hepatitis B immunization practices, and
- 5) appropriate treatment of infants born to hepatitis B surface antigen (HBsAg)-positive mothers and mothers with unknown HBsAg status.

Medical records at 12 hospitals with greater than 2,000 births will be abstracted. Birth files of children born in the year 2000 from the DOH Center for Health Statistics will be used to provide a sample of approximately 2,400 mother and infant pairs in Washington State.

A University of Washington graduate student and PLU students are assisting with the project. Medical record abstraction will start in mid March. Dissemination of the results and conclusion of the study is expected to occur the beginning of 2003. For more information, please contact Trang Kuss at (360) 236-3555 or by email at trang.kuss@doh.wa.gov.

Private Sector Outreach

Below is a list of companies that we have contacted this quarter to extend our immunization outreach. These companies are asked to display/provide information to their employees as well as place immunization information in public areas if appropriate. These activities have provided outreach well beyond what we could have done on our own. You are encouraged to connect with the companies in your counties as well to form your own local partnerships. (some of these companies have offices/stores in various counties – the headquarters only are listed here)

- Benton County – Cadwell Laboratories; Energy Northwest
- Clark County – Hi-School Pharmacy
- Jefferson County – Port Townsend Paper
- King County – Alaska Distributors Co.; Baugh Enterprise; Car Toy's Inc.; Community Health Plan of WA; Door to Door Storage Inc.; 24 hour Fitness; Larry's Market; Nextel Partners Inc.; Radiant Research; Seattle Times; Regence Blue Shield; Shurgard Storage.
- Pierce County – Diane's Foods; RCI Construction Group; West Coast Paper Company
- Spokane County – Yoke's Food Store
- Thurston County – Harbor Wholesale Grocer; Providence St. Peters Hospital
- Whatcom County – Icicle Seafoods
- Yakima County – Yakima Valley Memorial Hospital

Upcoming IACW Meetings

Public Education and Awareness: April 4, 10-12, Jr. League Office in Seattle (conference calling available)

API Task Force: April 4, 12:30-2 , Jr. League Office in Seattle (conference calling available)

Executive Committee: April 10, 11:30-1:30 at the Jr. League Office in Seattle

Health Care Provider: April 24, 10-11:30, place-TBD

Main Coalition: April 24, 12-2, place - TBD

Adult: April 24, 2-3, place - TBD

IACW website:

<http://www.hmhbwa.org/iacw/index.html>

News Briefs:

National Partnership for Immunization (NPI) VAXfacts
Issue #18
January 2002

Study Looks at Impact of Multiple Vaccines

An article in the January edition of Pediatrics examines the issue of the impact of routine vaccines on a child's immune system. "Do Multiple Vaccines Weaken an Infant's Immune System?" addresses parental concerns on this topic by outlining the results of a number of

studies. The authors use basic immunology and peer-reviewed scientific studies to explain the following:

- Newborns are capable of mounting immune responses at the time of birth;
- A young infant can generate protective immune responses to multiple vaccines at once;
- Mild or moderate illnesses at the time of vaccination do not affect the level of protective antibodies produced by immunization;
- Levels of immunity are just as strong when several vaccines are given on the same day as when given singly; and
- Vaccinated children are not at greater risk of infections than unvaccinated children.

The full text of the study is available at

<http://www.pediatrics.org/cgi/content/full/109/1/124>

Every Child By Two (ECBT) Action Alert Highlights Changes in Medicare Reimbursement

The Centers for Medicare and Medicaid Services (CMS) has issued a regulation, effective January 1, 2002, that lowers the fees for administration of vaccines to the Medicare population. CMS determined that immunizing Medicare patients incurs expenses to the medical practice, but does not require billable physician time with the patient. Consequently, Medicare reimbursement for immunizations is now about 45 percent of what it was before this ruling.

ECBT highlights information about this regulation, and its potential impact on Medicaid and childhood immunization in an Action Alert. Link to the Action Alert on the ECBT Web site at <http://www.ecbt.org/ActionJanuary02.html>.

PKIDs Looks for Parents Touched by Vaccine-Preventable Diseases

Parents of Kids with Infectious Diseases (PKIDs), a national nonprofit that supports families whose children have chronic viral infectious diseases and works to prevent the spread of diseases, has started a new initiative called PKIDs Parents for Prevention.

The goal of this program is to make sure that the stories of families touched by vaccine-preventable diseases are shared with others. PKIDs hopes that sharing these stories will help prevent new infections in children across the country. Often, the stories of children and even adults who are infected and seriously impacted by chickenpox, measles, whooping cough (pertussis), meningitis, hepatitis B, hepatitis A, mumps, tetanus and other preventable diseases are not told in a public forum. The absence of those voices articulating the real threat these diseases pose to families everywhere allows unsound allegations by vaccine-hesitant people to flourish and gain credibility. PKIDs parents know all too well the real threat these diseases pose, and the real price that can be paid when children aren't vaccinated.

PKIDs wants to contact people in every state whose families or friends have experienced and suffered from a vaccine-preventable disease. PKIDs will work with each individual to

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Immunize At All Ages



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provide the information and training they need to talk about the value of immunizations and standard precautions with reporters and key decision-makers in their state.

Because they must be willing to talk to reporters and may even be invited to testify at public hearings, it will be necessary for participants to give at least their first names and to talk about the impact of these diseases on their lives and their families. Some parents, for example those whose child has hepatitis B, may be reluctant to make such a public disclosure. Close relatives or friends who have seen first-hand the impact of hepatitis B or other vaccine-preventable diseases are also welcome to participate in Parents for Prevention.

If you know of families that have struggled with a vaccine-preventable illness, please contact them and ask if it would be acceptable for PKIDs to call or email them. For more information, or if you have any questions, please email Christine Kukka of PKIDs at ckukka@pkids.org or call her at 877-557-5437. To find out more about PKIDS, visit their Web Site at www.pkids.org.

CDC General Recommendations – 2/2002

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5102a1.htm>

N.O.I.S.E. Reminder

Don't forget to submit information about exciting things that are happening in your county that you want to share with others in the state. We are happy to place them in this statewide newsletter. Send your information to cindy.gleason@doh.wa.gov.